

Kingdom Gymnastics, LLC

2000 Memorial Drive (Mailing: PO Box 326)

St. Johnsbury Center, Vt. 05863

Registration Form - 2019-2020

Student's Name: _____ sex: _____ age: _____ dob: _____

Address: _____ phone# _____

Mother's Name: _____ work ph# _____ cell# _____

Father's name: _____ work ph# _____ cell# _____

E-mail address: _____

Emergency Contact Name and ph# _____

How did you hear about us? Facebook Word of Mouth Gym Birthday Party Other

Payment Policy: Payment is due the first week of each session for students in the class program, or the first of the month if your child is on the Team Program. There will be a \$10.00 late fee for EACH week FULL payment is late. There will be a \$25.00 charge for returned checks. We have automatic enrollment for our class students until the end of Session 5. If your child is going to drop a session or not continue, **we must be notified by the deadline listed in the Parent Handout, or you will be responsible for the tuition payment for that session. Refer to the Parent Handout for the list of session dates and deadlines to drop a session.** USAG Team Members are required to be enrolled for the entire season (Sept - April).

Registration Fee: The annual registration fee is \$35.00 per student and is due at the beginning of each program year (September). Students who enroll in the middle of the year are also charged \$35.00 for the registration fee, which is only good until the following September. This fee is non-refundable.

Family Discount: \$10.00 will be taken off class tuition for each sibling, after the first child is enrolled at the regular price. This does not apply to the Team Program.

Make-ups: There will be no refunds for missed classes including cancellations due to weather or other unforeseen circumstances. If the gym cancels classes due to weather, or for other emergencies, you will be provided with a time to make-up the class. If your child misses a class for any reason, he/she can attend one Friday night Open Gym for free, as a make-up. The free pass to Open Gym is good until the end of the next session that follows the missed class. We will not honor free passes beyond that time.

Use of Images/Name Identification: The undersigned authorizes Kingdom Gymnastics to use images of the students/parents, both with and without name identification, for Kingdom Gymnastics publicity, promotional and advertising purposes.

_____ (signature of parent/guardian)

(Read both sides)

Medical/Developmental: It is important that Kingdom Gymnastics be made aware of any medical or developmental situation that our students may have. Please advise us if your child has a medical problem that requires a doctor's care, or a developmental problem that is currently being treated. Specific examples include hearing loss, heart problems, asthma, diabetes, autism, LD, ADD, ADHD, scoliosis, arthritis, epilepsy, etc. Please write any pertinent information below. If your child has any physical condition that may impair his/her ability to engage in activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program.

Insurance Co. _____ policy# _____

Subscriber _____ Relationship to student _____

Rules and Obligations: For the safety of your child, please be on time when dropping off and picking up your child. No child will be allowed to leave the gym to wait for their ride or to get picked up. You must come inside the gym to get your child when class is over. No food, drinks other than water bottles, or gum is allowed inside the gym area. Your child is obligated to follow gym rules regarding safety, use of facilities and respect toward students and coaches. Kingdom Gymnastics reserves the right to cancel the enrollment of any child who becomes uncontrollable or consistently violates safety rules. NO refunds or credits will be given.

Parent/Guardian Waiver and Release: I fully understand that Kingdom Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize and release Kingdom Gymnastics to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by Kingdom Gymnastics staff, to seek additional medical help and/or call an ambulance. I am aware that my son/daughter will be engaging in physical exercise involving activities that could cause injury to them. I agree that my child is voluntarily participating in these activities and we are assuming all the risks of injury, including total disability, paralysis and even death that might result. I hereby agree to waive any claims or rights against Kingdom Gymnastics, LLC and it's staff for any liability, loss, costs, damage, medical expense, long-term care, emotional distress or compensation that might incur as a result of these activities.

I have read, understand, and agree to all the policies listed above. By signing this form, I have acknowledged that I have received the Parent Handout.

Parent/Guardian Signature _____ Date _____